

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10620432 FILING DATE 1

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5	/						55						
6	/						56						
7	X	X					57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12	X	X					62						
13		/					63						
14		/					64						
15		/					65						
16	/						66						
17	/						67						
18	/	/					68						
19	/						69						
20		/					70						
21		/					71						
22		/					72						
23		/					73						
24		/					74						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	16						TOTAL DEP.						
TOTAL CLAIMS	22						TOTAL CLAIMS						